Discontinuation of Routine Smallpox Vaccination

To the Editor: In Dr. Shaw's editorial on the discontinuation of routine smallpox vaccination in the March issue of CALIFORNIA MEDICINE, he apparently agreed that routine vaccination of infants should be discontinued but he expressed several reservations. Most of these reservations I believe, were adequately answered in the text of the State Health Department ad hoc committee report which was also published in the March issue of CALIFORNIA MEDICINE. However, several points raised by Dr. Shaw deserve further comment.

1. The conclusion reached by Dr. Shaw that the change in smallpox vaccination policy simply represents a recommendation to abandon *compulsory* vaccination is not an accurate assessment of the situation. The new recommendation states that *routine* vaccination of children be abandoned, and I believe this recommendation goes far beyond the simple abandonment of compulsory vaccination. As a matter of fact, California did not have a state law requiring smallpox vaccination for elementary or secondary school entrance.

2. The problem of rapid recognition and diagnosis of a possible case of smallpox is independent of the change in smallpox vaccination policy since this problem exists regardless of whether children are routinely vaccinated.

3. The drug methisazone (Marboran®) has not fulfilled its initial promise and the use of this drug at the present time in the control of smallpox is questionable. This drug is not licensed for use in the United States.

4. With regard to the degree of infectiousness of smallpox cases—all cases should be treated as possibly highly infectious, but the data gathered in relation to imported cases to Europe during the past decade show a great variability of infectiousness from very low to very high. Thus, overall, smallpox cases in the modern era are not statistically very infectious, but public health officials and physicians have to consider all cases to be highly contagious and to take precautions accordingly. In 13 of 49 importations between 1950-1971, there were no secondary transmissions. The only example of extreme infectiousness occurred in Meschede, Germany in 1969 where 17 secondary cases occurred in a hospital by what appeared to be airborne spread.

The unresolved and potential problems such as importation and spread of smallpox in this country are basically *independent* of the change in policy, since routine vaccination of children will not prevent the entry of an imported case, nor has this now abandoned routine policy resulted in a well protected general population. At the present time, routine vaccination of children in this country has outlived its usefulness and physicians should now pay more attention to those population groups at higher risk to exposure to smallpox, *i.e.* international travelers and medical personnel.

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